ABSTRACT

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HUDA QAYSI H.   B.A. KING ABDUL AZIZ UNIVERSITY 2012

THE ROLE OF SOCIAL WORK WITH BREAST CANCER PATIENTS

Advisor: Corinne Warrener, MSW, PhD

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Using the Afrocentric Perspective, this research study explored the role of social worker in working with breast cancer. It examined the various psychosocial factors like culture influence, effects of treatment and body image on the women with breast cancer. Prior research showed that social and community support plays a significant role in helping women with breast cancer. White women have shown have higher ratio of breast cancer as compared to black women and their lives effect more than men. Various techniques like supportive therapy, psychoeducation, cognitive behavior therapy and group work have been proved to be effective with this population. Social workers can play effective role in enhancing the social support network of the individuals having breast cancer. Future research is suggested to include role of community in recovery of patients.

THE ROLE OF SOCIAL WORK WITH BREAST CANCER PATIENTS

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HUDA QAYSI

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TABLE OF CONTENTS

CHAPTER

CHAPTER

CHAPTER I

INTRODUCTION

Social support and social systems are very critical in helping individuals live appropriately in society and helping them overcome problems. Underlying theoretical perspectives are derived from sociology, with sociologists such as Emile Durkheim (1951) indicating that interpersonal relationships between individuals in a society have critical consequences for people, and numerous researchers have proved this aspect (Parkes, 1972; Nucholls, Cassel, and Kaplan, 1972). This includes one's larger network of family and friends. This is known as the structural support system. It captures the degree of social embeddedness and the social isolation a person faces. These aspects of social support are crucial to the individual (Berkman and Syme, 1979). Thus, social supports and social networks are critical to the prospect of working with patients with ailments. Barnes' (1954) and Bott's (1957) theory of social networks also emphasizes how the social ties around an individual and his or her social relationships shape an individual's behavior. Similarly, the buffer theory indicates that people with poor social support have poor health outcomes and more psychological and emotional issues when they face issues and confront major problems in life (Alloway and Bebbington, 1987). This indicates the significance of social support in enhancing quality of life and ability to handle illnesses.

1

The incidence of breast cancer among women is increasing day by day. It is also known that the impact of breast cancer increases with age and is highest among Caucasian women. In America, 233,000 new breast cancer cases are being diagnosed yearly (American Cancer Society, 2001). Social support systems seem to play a useful role building support for the women with breast cancer (Bloom, Stewart, Johnston, Banks, and Fobair, 2001). Because women with breast cancer have impaired social functioning, the role of the social worker is to improve and restore the day-to-day lives of individuals (Barker, 2003). Along with constraints on social functioning, psychosocial stressors are also associated with breast cancer. Enhancing the psychological and social functioning of individuals with breast cancer can improve treatment outcomes, adherence to therapy, and improve the overall lives of women with breast cancer.

Breast cancer has been a significant concern for African American women, who have experienced the highest rates of mortality due to the disease (Jemal et al., 2008). African American women have a 77% 5-year survival rate, as compared to white women, who show survival rates of 90%. African American women are more likely to remain untreated for breast cancer and are considered as the marginalized community. The American Cancer Society (2007) indicates stronger chances of more aggressive breast cancer among African American women, compared to other groups.

Statement of the Problem

Health care professionals, including social workers, can build a strong social network support system around women suffering from breast cancer by various means,

and can reduce the psychological distress associated with breast cancer diagnosis (Devine and Westlake, 1995). The present study seeks to understand the efficacy of psychosocial treatment to enhance daily functioning of breast cancer patients, and also seeks to delineate how this problem is significant considering the Afrocentric perspective.

Purpose of the Study

The purpose of the study is to understand the role of the social worker and to evaluate how social workers can positively impact the lives of individuals with breast cancer. The literature addressing the roles of social workers with breast cancer patients is minimal. The past decade has indicated an increased use of social support systems for solving various problems in society and helping diverse individuals, including growing use of social supports (Granovetter, 1976; Turner, 1981). Social supports are also considered important in terms of development of disease and the psychological and social adaptations to diagnosis and treatment of illness (Seeman and Syme, 1987; Nucholls, Cassel, and Kaplan, 1972; Berkman and Syme, 1979). Different types of cancers are increasing daily, with breast cancer the single most common type of cancer affecting women. In America alone, 233,000 new cases of breast cancer have been diagnosed this year, with the incidence of breast cancer higher among Caucasian women; the mortality is rate is also very high among African-American women (American Cancer Society, 2001). The present study assesses the efficacy of psychosocial treatments among breast cancer patients, focusing on the supportive and counseling role of the social worker as a professional to enhance the functioning of women with breast cancer; a comparison is

presented between two groups: one receiving psychosocial treatment and one not receiving psychosocial treatment. These will be differentiated from each other.

Significance of the Study

This study is timely in addressing how psychosocial stressors impact the treatment, as well as the life, of the breast cancer patients. As literature affirms that the psychological and social consequences of breast cancer and its treatment often cannot be prevented, it is necessary to focus on how psychosocial treatment can help patients with breast cancer.

Inasmuch as the role of the social worker is to restore and enhance the social and psychological functioning of individuals with problems, researchers have long delineated the how social workers can work with the breast cancer patient. Many researchers have focused solely on psychosocial treatment and its efficacy with breast cancer patients, and how it improves or affects their functioning. Davis (2004) reflected on the crucial role of social workers, indicating that educational counseling provided by social workers to women has proven very important. Bloom et al. (2002) showed that emotional and social support buffers the effects of stress and leads to higher social, emotional and psychological well-being among women with breast cancer. Moreover, the social worker, as part of a professional mental health team, can help women survive breast cancer; yet, very few researchers have directly assessed the role of social workers in helping certain breast cancer patient especially African American women, among whom morbidity rates are very high. None of the existing literature compared racial groups as to how the

combination of psychological and social treatment leads to better treatment outcome for the breast cancer patients.

Along with social factors, the emotional and mental well-being of the breast cancer patient is also severely affected by the disease and its treatment process. Women with breast cancer diagnoses often have issues with psychological health, little access to health care and social issues (Carlson, Bultz, Specs, and St. Pierre, 2000; Christ et al., 1993; Davis, 2004). Devine and Westlake (1995) indicated that social support is crucial for women with a breast cancer diagnosis and the social support built up by professionals can help them overcome psychological problems. No study has directly assessed the role of social workers in overcoming mental challenges and building up support systems around women with breast cancer. No study has estimated differences in treatment outcomes between those assisted by psychosocial therapies and those who are not.. This study will bridge the gap by addressing the efficacy of psychological treatment among breast cancer patients.

This study is significant as the number of cancer patients grows around the globe and breast cancer among females becomes increasingly common, Cancer patients not only have economic issues but also face the stress of relapses, body image problems and the side effects of chemotherapy such as hair loss. The stronger their social support network, the more likely patients are to move towards better functioning. Furthermore, psychological and social treatments also help them adhere to treatment and respond better to it, boosting treatment outcome.

The research explores the efficacy of psychosocial treatments among breast cancer patients and how these treatments affect cancer treatment outcomes. This study will also address perspectives of African American women concerning breast cancer issues. No known study conducted to date which has addressed this and its pertinence to the psychosocial well-being of cancer patients; and for accurately dealing with the role of social workers in treatment outcomes and adherence.

Summary

This chapter has addressed why psychosocial treatment is necessary for cancer patients, and how this study will contribute to the existing literature and add to prior research findings. Cancer is one of the fastest-growing diseases in the world, with breast cancer taking thousands of lives each passing year. Breast cancer diagnosis and treatment has many psychological and social consequences on the person. Psychosocial treatment can be an effective way to enhance cancer treatment outcomes. This study evaluates the efficacy of psychosocial treatments toward improving cancer treatment outcomes and enhancing the functioning of women with breast cancer in social and psychological domains. Current literature will be examined toward understanding what has been done on the topic until now and how this study will contribute to the existing literature.

CHAPTER II

REVIEW OF LITERATURE

This chapter overviews the current literature on breast cancer and psychosocial support and will begin with the historical perspective indicating the need for the study of breast cancer and its impact on psychological functioning while taking into account the current scenario at the international level. It will also reflect on the variables of breast cancer, what it is and its link with psychological and social functioning concerns. It will examine how psychological treatment can enhance the mental and physical functioning of patients. The psychosocial treatment plan will also be discussed, as will how to reduce spontaneous behavioral problems breast cancer patients experience. Further, it will cover the Afrocentric perspective including how breast cancer treatment accessibility, discrimination, poor patient / provider communications and affordability issues contribute to poor outcomes, and finally, will outline theoretical information which will further enlighten this study.

Historical Perspective

Breast cancer has emerged as a significant disease in the past few decades and is growing tremendously day by day; some 1,082 women were diagnosed with breast cancer between 1992-1997 and 211,240 new cases were reported in 2004 (Avis,

Crawford, and Manual, 2005), Worldwide, approximately 1.68 million women were diagnosed with breast cancer in 2012 (Meadsc, Ahmad, Riley, 2012). Though it is not being reported as being as dangerous as some of the other cancers, there are earmarks which show the disease's unique effects on psychological or social behaviors among patients and those in their immediate lives. The disease itself is potentially terminal; it was reported that 11,600 women died from breast cancer in 2012 in the United Kingdom (American Cancer Society, 2012). The effects of breast cancer can lead to death, and/or psychological danger (loss of emotional stability to cope with stresses).

There is a need for social workers to spread awareness regarding the signs and symptoms of breast cancer to save women's physical and mental health (Madigan, Ziegler, Benichou, Byrne, and Hover, 1995). The identification of signs of breast cancer is crucial to prevention. These include lumpiness or thickness, dimpling or dark red skin, an increase or decrease in the size and/or shape of the breast, discomfort in the armpit, and severe pain, etc. (McTiernan, and Thomas, 1999). In the initial stages of any signs or symptoms, a patient should obtain examination or mammography from a practitioner to make all attempts at early detection (Nechuta, Paneth, and Velie, 2010).

The practice of social work for breast cancer patients are assumed to have begun about one-half to a quarter century ago. However, there is no definite estimation as to when such activity actually started (Dumalaon-Canaria,Hutchinson, Prichard, & Wilson, 2014).Since the workers are in the field to guide women concerning their issues, a substantial difference in social work relative to this disease pertains to the danger associated with it. One study found that women suffer from loss of control during breast

cancer treatment. Health workers were seen to emphasize directly on the basis of the diagnosis of the disease rather than relative to the whole person. This phenomenon is well documented by Mellon et al. (2006). Another difficulty was associated with the severity of medical side effects including nausea, specific concerns such as mouth ulcers and fatigue (Lacroix & Leclerq, 2005).

Initially, a lack of workforce availability was noted, which the teams and organizations that were involved in the field of social work at that time faced. This resulted from the acceptance level of the public as well as a perception about the issue (Dumalaon-Canaria,Hutchinson, Prichard, & Wilson, 2014). Out of a major historical perspective, which analyzed how organizations faced the issues, common concerns also involved the willingness to support campaigns for the general public awareness. However, during the 20th century, there was improvement documented in the situation, and social work for patients proved to be vital. The current perspective and status of social work activities for the domain improved, and there has been still more improvement with the passage of time. Social workers are expected to remain close to breast cancer patients, and they share the personal opinions to guide them about their personal situation. Their focus is not only highlighting issues presented, but also providing solutions and psychological support.

In the cancer care literature, the term "psychosocial" refers to the person's inner world and her relationship with her external world, e.g., environment, social norms and adaptability. In other words, psychosocial alludes to a close link between psychological aspects of women's experiences and their inclusive social experience, and the supports

described as "serving as a foundation for anything." Psychosocial support contains organized patterns of care modalities and support for the individual as well as the social setting (Spiegel, Bloom, Kraemer and Gottheil, 1989). The training of the social worker associated with the practice has remained an issue over time; however, the situation is getting better with the passage of time (Dumalaon-Canaria, A., Hutchinson, Prichard, & Wilson, 2014).

Individuals react differently as to coping strategies during cancer treatment so there is a need to understand each individual, their concerns, and problems regarding treatment apprehensions (Malone, Daling, Thompson, O'Brien, Franciso and Ostrander, 1998). The importance of family support is critical while in group therapy or individual therapy together, to overcome the problems associated with treatment schedules and enhance the psychosocial functioning (Meindl, Hellebrand & Wiek, 2010).

Psychological Issues and Fear Related to Cancer

Social workers often face difficulties in performing their obligatory duties. Breast cancer patients are found to have psychological issues. It is because breasts are among the organs which most define women, in the eyes of others and themselves. Diseases which affect personal identity are especially considered as significant in terms of posingpsychological threat or disturbance. It is found that among breast cancer patients, a fairly large number of patients are less cooperative with regard to their issues with the social worker (Knobf, Major-Campos, Chagpar, Seigerman, & Mccorkle, 2014). Lack of cooperation makes the social worker's duty more difficult. Even so, patients cannot be

stressed to cooperate because of the trauma they are observed going through. It is found that women affected by the disease possess experience diverse psychological and social issues.

The impact of breast cancer on body image varies greatly among women, with both the diagnosis and treatment having a significant impact on wellbeing. The impact may include sexual dysfunction, negative self-image, loss of libido, and interpersonal relationship problems. The body image a breast cancer patient perceives is of their body as a whole, and their functionality depends on this self-image (Kissane, White, Cooper, and Litetta, (2004). Studies prove that those women more preoccupied with their self-image or body image may be more vulnerable to poor psychological adjustment to breast cancer (Vahadaninia, Omidvari, Montazeri, 2010). The psychological factors which cause discomfort are embarassment in exposing body scars and deformities and fear of social isolation, lack of sexual interest, and low self-esteem (Grill, 2003).

The major psychological issue reported is a lack of self-confidence and esteem. Women with such disease often start avoiding social gatherings due to the constant fear of lack of womanliness (Carlson, et al., 2015). Social workers face difficulties because when patients avoid such gatherings, psychological stress becomes difficult. Members of ASCO, ONS, and AOSW report that among the difficulties in relieving the stress of breast cancer, a most important aspect is to inform the patient about their illness and treatments (Coursy, Curtis, and Marsh, 2000). Previous research indicates that patients had been dissatisfied with information received. While research has not yet brought in an ample road map about what is the best way to provide information needed at various

times, during and after cancer treatment, it has shed light on numerous way to convey effective information. For example, information should be delivered in keeping with each patient's expectations, e.g., it should be information specific to the type and stage of their cancer, treatment, prognosis, progression, etiology, rehabilitation, achievement and maintenance of maximal health, and coping (Mayer, and Salovey, 1999).

Psychological studies have termed the issue as among the biggest and most vital related to women. Women with such issues try to avoid basic relationships, increasing the difficulties for the social worker who is assumed to resolve the patients' dilemma. The impact of family and surroundings often play a significant role as well. Often family concerns stress the patients more (Knobf, Major-Campos, Chagpar, Seigerman, & Mccorkle, 2014). It is found that some of the patients didn't inform their families about their issues, except in crucial situations. Women having a professional career have more difficulty as negative thoughts often make it more difficult for them to concentrate. These issues affect the social worker's performance as they distract from patients' immediate physical challenges. Cancer screening information to patients is vital for the purpose of lowering rates of cancer and cancer deaths (Loerzel and Bushy, 2005). Early detection is considered paramount as it can reduce mortality significantly and will promote women's overall quality of life. Breast self-examination (BSE) and mammography, and clinical breast examinations are widely known as the primary preventive measures, with regular breast examination being critical (Granzalez et al, 2009).

When patients are frightened of treatment, it becomes difficult for social workers to continue. Though the issue is less common nowadays due to modern treatments

protocols, patients are still concerned about their life after treatment and need psychosocial support. Cancer patients also experience pain while taking treatment, often not fully excluded despite pain relievers and other therapies. Moreover, pain may cause a problem even when no sign of cancer is evident. AHRQ's 2002 evidence elaborates that cancer-related pain due to fatigue, causes impaired function and a range of other psychosocial dimensions of health (Chuingham, 2000). Mostly, the lack of support from a partner increases fear (Knobf, Major-Campos, Chagpar, Seigerman, & Mccorkle, 2014). Other than that, the aspects of body image, intimacy issues with a partner and fear of treatment all affect how individual cases fight the disease. Social workers in this domain play a significant role to help reduce those issues. They strive to maintain situations as normal for the patient and her surroundings so to fulfill the purpose of being in the field. Such issues are often difficult to handle but negotiation and communicative skill, as well as concern to deal with the situation in the best way, help bring improvement for the patient as well as their family. Social workers always enhance the solution to the problem. Medical health issues reported should also find support through discussing concerns with partners. In this way assistance helps avoid worsening of psychological issues among patients and their environment and/or surroundings (Carlson, et al., 2015).

Psychosocial Treatment

Breast cancer remains a tremendously prevalent and extremely traumatic experience for thousands of women each year in the United States and now, also in the

developing countries of the world. Psychosocial research has provided a depiction of the emotional and social impacts of breast cancer which is associated with better versus worse adjustment (Bruce and Lueken, 2002). Psychosocial interventions proved beneficial in reducing the stress and tension from patients experience. According to Spiegel, Bloom, Karamer and Gotheil (1998) psychosocial interventions directly affect the survival period. Patients who received psychological interventions were more likely to live longer than non-receivers, as found by a comparative study which indicated that the treatment group survived longer than the control group for having received self-hypnosis for pain recovery (Saniah, Zainal, 2010). There are many types of psychological treatment which bring fruitful results, and it was observed that individual and group treatments work very effectively if used combined (Mayar, Salovey, 1999). Individual sessions with a psychologist help gain understanding, and promote modification, of patterns of thought which lead to negative feelings and behaviors (Kissane, White, Cooper, and Litetta, 2004). Group psychological treatment among similar breast cancer patients yields chances to share similar experience and receive emotional support from each other, and is also effective for learning good coping strategies (Helgeson, Snyder, and Seltman, 2004)).

Supportive counseling is widely used by psychologists and social workers to bring out behavioral changes that help manage the impacts of disease in different settings e.g. school, family, and place etc. (Fingeret, 2011). The collaborative work between the social worker and those diagnosed helps to identify and sort out the negative emotional behavioral problems and bring insight to cope with stresses (Bruce, and Luken, 2002).

Another technique which has been beneficial in managing the psychological impacts of breast cancer is psychotherapy (Drowrick, et al, 2000). Psychotherapy carried out utilizing a wide range of psychological therapies consisted of the modification of feelings, thoughts, emotions, behaviors and attitudes. Psychoanalysis is the most productive technique of psychotherapy, which deals with unconscious aspects of behavior, to control the conscious actions and feelings of pain (Champless and Ollendick, 2004). Cognitive therapy also deals with thinking patterns, and according to the cognitive therapist modification in thinking can alter feelings as well. If someone has a poor self-image ("I'm fat") and feels disappointed, by modifying the perception of one's self-image (i.e., "I'm average, if not perfect"), the feeling of disappointment can be altered to a less inappropriate mood. The breast cancer patient with a poor body image, or severe pain, can utilize cognitive therapy as an effective healing procedure (Chambless and Hollen, 1998). The basic goal of the social worker in regard to breast cancer patient care is the provision of information to victims. Women going through breast cancer treatment have a right to a broad range of information about the disease, including disease onset, prognosis, progression, etiology, treatment and side-effects, as well as psychosocial and support services (Cheung, Challaghan, and Chang, 2003).

Chemotherapy can also have a significant impact on the quality of a woman's physical and emotional state and sexual function, which in turn may affect the quality of life. Recent studies suggested that chemotherapy had significant effects on sexual dysfunction, including pain or difficulty with intercourse, vaginal dryness, impaired sexual activity, and decreased sexual orgasm (Chiliska, 1998). The social worker can

bring the breast cancer patient stress level down in order to enhance their psychosocial social functioning (Coursey, 2000).

Afrocentric Perspective

Several models have addressed the issues of people of color in social work; the cultural values of this population have not been used as a theoretical basis to develop new practices for this population. Recently, the Afrocentric perspective has emerged as useful for addressing the cultural values of people of African descent. Theorists of the Afrocentric perspective are of the view that social science theories are derived from the experiences and cultural perspectives of individuals. Theorists of the Afrocentric perspective do not have the view of a detached observer, but give meaning to experiences from the standpoint of a given culture. The viewpoint takes into account the cultural, political and social perspectives which are prevalent in a culture. They do not believe in universalism. Although they indicate that there are common features among various cultures, the focus is on differences and the impact that culture has on individuals. Afrocentric theorists believe these differences should not be seen as minimal, as they impact individuals in various ways (Schiele, 1996).

African Americans make up approximately 13% of the population of the United States. Although they have achieved strong traditional strengths in the culture of America today, many African Americans still suffer from mental health problems due to persistent societal pressure unique to people that share their heritage (U.S., Census Bureau, 2004). Breast cancer has been a significant concern for African American women, who have the

highest rates of breast cancer mortality in the United States (Jemal et al., 2008). They also have a 77%, 5-year survival rate as compared to white women, who have a survival rate of 90%. African American women are more likely to remain untreated for breast cancer and to be a marginalized community. There is also strong evidence that breast cancer is more aggressive among African American women, as compared to other groups (American Cancer Society, 2007). There exists a lack of available studies on African-American women who are breast cancer survivors (Gibson and Parker, 2003). Limited resources have indicated that women who survive breast cancer use many resources to fight breast cancer successfully (Lackey et al., 2001).

African American breast cancer survivors have been studied to identify their special psychosocial and quality of life issues (Bourjolly, Barg, and Hirschman, 2003; Stolley, Sharp, Wells, Simon, and Schiffer, 2006). Researchers have reported the efficacy of social support for this population as contributing to a longer rate of survival. The study evaluated survival rates among the patients who were randomly assigned to supportive intervention and medical care, as compared to a group only given medical care. Findings indicated the important role of social support intervention for African American breast cancer patients. American Cancer Society (2005) indicated that though numerous resources exist for breast cancer survivors and their families, not all patients have access to the same quality of care and social support services. Issues of accessibility, discrimination, poor patient / provider communication and affordability contribute to poor outcomes. Breast cancer, for example, is thesecond leading cause of death among African-American women despite the fact that these women have a lower incidence rate

as compared to white women. This shows that role of the social worker is crucial for African American women having breast cancer

African American breast cancer patients are often the most underserved patients, as their life circumstances foster a lack of opportunity to get appropriate treatment and these women often face health care disparities. Social workers have a very important role to play as emotional and psychological problems of these patients persist as underestimated and in the wake of a cancer diagnosis they often need a social worker to negotiate key issues and provide social support (Darnell, 2007). Oncology social workers have the opportunity to meet the needs of the medically underserved including African American women. Enhancing communication among clients and the community at large leads to better social services for patients, enhancing their social support; this kind of intervention often proves useful for all breast cancer patients (Davis, Darby, Likes and Bells, 2009).

Applying an Afrocentric Perspective to breast cancer patients from the African American community, and their treatment considers these three assumptions regarding human beings: 1) Human identity is collective 2) the importance of a spiritual component and 3) that affective knowledge is a source of knowing (Schiele, 1996). The problem of breast cancer patients and their treatment from the viewpoint and role of a social worker, entails an understanding that breast cancer should be viewed collectively, via understanding of the collective culture. The Afrocentric Perspective emphasizes that individuals cannot be separated from their collective culture (Schiele, 1996), meaning the impacts of society and others around them cannot be ignored. This makes their inclusion

is vitally important. Secondly, all humans are spiritual beings and social work can be connected with helping spiritual beings (Schiele, 1996), thus by addressing the spiritual component treatment is valid for all the human beings who believe in the existence of God. Finally, the Afrocentric perspective views feelings and emotions as major sources of knowledge (Schiele, 1996), and applying that knowledge to the understanding of breast cancer issues is critical. The thoughts of the woman with breast cancer are filtered through their feelings and values, therefore, addressing the feelings, understanding the social context and values and working thoughts can benefit women with breast cancer in more effective ways.

Theoretical Perspective

Humor theory is helps explain etiology while buffer theory can explain the psychosocial perspectives of breast cancer. A first, and most important, theory of breast cancer treatment is humor theory, which provides a basic understanding as to the etiology of breast cancer. According to Hippocrates, the human body consisted of four *senses* "blood, yellow bile, phlegm, and black bile" (Plamer, Wise and Hatch, 2006). The balance in humor meant a person was healthy, but if the quantity is in imbalance, "low or high humors" caused the disease (Hirschman, Whitman, and Ansell, 2003). An excess of black bile in the human body was considered to cause cancer. During much of early human history, the study of the body, including autopsies, was considered to be taboo on grounds of superstion or even religious beliefs, which prohibited progress of medical knowledge (Fig, 2002).

Over time, the humor theory of cancer was replaced with another body fluid, lymph. According to lymph theory, life consists of the continuous movement of fluid in the body through the solid parts, and the most important fluids were blood and lymph (Bradly and Wildman, 2002). Stahl and Hoffman theorized that cancer was composed of enflaming and disintegrating lymph, varying in density, alkalinity and acidity. The lymph theory gained high support by surgeons (Erblich and Bovjery, 2000). In 1838, German pathologist Johannes Muller criticized lymph theory and postulated that cancer is made up of cells and not lymph, but he assumed that cancer cells did not derive from normal cells (Mccormack, and Santos, 2006). Muller proposed that cancer cells emerge from "budding elements" (blastema) between normal tissues (Eiben et al, 2001).

Despite advances in the medical understanding of cancer, trauma theory believed from the late 1800s until the 1920s, that trauma is the main cause of cancer (Brosari, and Cravey, 2000). According to contagious theory by Zacutus Lusitania (1575-1642) and Nicholas Tulp (1593-1674), two doctors in Holland, cancer was contagious. They conducted the same studies and results were also similar (Bird, Mararos, and Banegas, 2008). On the basis of the result, they concluded that cancer patients should be isolated, preferably outside of cities and towns, in order to overcome the range of cancer contagion. During the 18th and 19th centuries, people were afraid of city life and avoid city visits (Doescher and Jackson, 2008). One of these theories is Emile Durkheim's theory of social integration, alienation and anomie. He gave valuable contributions by analyzing the link between the society and health. Durkheim indicated that social integration and cohesion influences mortality rate. According to his theory, pathology

was a function of social dynamics (Link and Phelan, 1995). Durkheim's work has strong relevance to the topic of breast cancer among African American women, as underserved women often are deprived of access to health care, which emanates from the society in which they live. Moreover, social networks also affect the outcomes of cancer survivors.

The theory which informs this research is buffer theory, which postulates that social support systems buffer the effects of adversity and support the well-being of afflicted persons during negative life events. Individuals who have strong social networks are seen to cope more effectively with major life stressors, as compared to those who had no a strong social support system. Social support also helps an individual through problems in an effective way and assists in accepting them. People with poor social support systems have poorer health outcomes and more psychological and emotional issues in life, in circumstances of adversity equal to those with higher levels of social support (Alloway & Bebbington, 1987). This theory has implications for this research as well. Breast cancer survivors who have better social supports will have better illness outcomes as compared to those who do not. Patients who seek psychosocial intervention for breast cancer have better health as compared to those who are merely on medication. Thus, social support buffers the effect of stress as due to cancer diagnosis and relapses and helps individuals recover faster and for longer periods of time.

Social support is seen to have a positive impact on psychological stress and is seen to be a protective factor. The buffer (and buffering) hypothesis states that psychological stress has deleterious effects on health and well-being of individuals who have little or no social support. On the other hand, those who have powerful support

systems will have less impact from the same level of psychological stress (Cohen & McKay). A study conducted by Brown, Bhrolchain, and Harris (1975) tested the buffer theory and buffer hypothesis. Use of social support as moderating the relationship between life change, stress and psychiatric disorder was explored among women ages 18 to 65. It was found that women having experienced a recent life stressor with low social support will have a substantial increase in psychiatric problems compared to non-stressed women who had faced a highly stressful event with a higher level of social support. These women were more composed and coped significantly better. According to this research, the social worker works to enhance social support, which has a buffering effect on the psychological stressors which women face. In this way, the buffer effect helps the women cope better with breast cancer.

Various kinds of social support act as support resources and help as stress buffers. Moving or expressive support, which is also termed as esteem support, helps an individual think that he or she is valued and esteemed. The last kind of support is an informational support which helps an individual understand and cope with problematic events. Such support is also termed, "advice and appraisal support." Social companionship is another type of stress buffering social support. A last kind of support is instrumental support, where financial aid and instrumental support is given to the individual (Cohen and Willis, 1985). All these kinds of support can be enhanced for cancer patients to better buffer stresses related to cancer.

Summary

This chapter raises relevant examination of historical perspectives while emphasizing the need for continuing study of breast cancer. It further discusses the disease's impact on psychosocial functioning of those diagnosed, and the importance of viewing these issues from an international orientation. The impact of breast cancer on psychological well-being and one's physical body image varies greatly among women, with both diagnosis and treatment of breast cancer having significant impacts. Patients begin to suffer from one or more of the following: depression, anxiety, personality and/or body dismorphic disorder, sexual dysfunction, negative self-image, loss of libido, loss of self-esteem, and interpersonal relational problems. The chapter also elucideates the wide range of therapeutic interventions for psychosocial functioning. The treatment plan consisted of individual sessions with a psychologist, help in understanding and modifying patterns of thought processes (cognitive therapy) toward further changing feelings and behaviors. Other behavioral, cognitive, and medical treatment procedures are also mentioned among the psychosocial aspects in order to gain fruitful results. African American breast cancer survivors studies identify the psychosocial and quality of life issues in more detail to give clearer pictures of special challenges and provide ideas to enhance the psychosocial functioning of these breast cancer patients. The theoretical framework, also mentioned, categorizes different theories regarding breast cancer treatment; how it was perceived in the past and what kind of intervention procedures are possible nowadays.

CHAPTER III

METHODOLOGY

This chapter summarizes the methodology used in the study, databases used and how the literature was assessed. The study is a systematic review of the existing literature on the topic of the role of psychosocial treatments in enhancing the functioning of breast cancer patients. Scholarly articles on this topic were identified and made a part of the review. The keywords were inserted into the databases like EBSCO, SAGE and Science Direct as well as Google Scholar. Finally, the limitations of the study will be elaborated and will be discussed in this chapter.

Methods of the Study

This study is a systematic review. Systematic reviews help in developing theories, generate solutions to different kind of issues and establish strong evidence about any concept. New knowledge can be taken in two ways. This is done either by conducting new research or by learning what others have already done on the topic. A common method to do this is to systematically review the existing literature. This is helpful for policy makers, practitioners, etc. (Gough, Oliver and Thomas, 2012). As it is difficult to carry out long-term studies on breast cancer patients due to their illness and ethical considerations associated with studying this population, regular review is conducted.

The key words used were breast cancer, social worker role, and psychosocial treatment of breast cancer, Afrocentric Perspective, breast cancer and psychosocial functioning. In the literature review, 48 journals were summarized, and two books and three manuals were also consulted for statistical and qualitative information. The main databases used for this study were EBSCO, in which different databases were selected including SocINDEX with full text, Academic Search Complete, Medline with full text, Pubmed, ERIC, Education Research Complete, Psych info, psychology, and Behavioral Science Collection, PsycCRITIQUES and PsycARTICLES. Moreover, SAGE databases of full text articles online, Science Direct and Springer, as well as JSTOR, were also used. Some articles were also taken from Google Scholar. The articles which were available in full text online in the University database and which had the keywords and were not older than 2005 were selected. Originally they were sorted into themes and saved. Later on they were used for analysis of literature in different areas like describing breast cancer, its impact on psychosocial functioning, the role of the social worker, the Afrocentric Perspective, and historical background and theoretical basis of the study.

While the search was conducted, the advanced search option was selected from the databases. This cover peer-reviewed, full text articles, and the time frame included articles from 2005 to 2016. This was to remove any obsolete, older references and to add state-of-the-art literature into the study. The purpose for including recent articles was that it helps in understanding current trends and recent studies being conducted on the problem. Only references which included a theory were older such as that of Durkheim

(1976). The target population was already "females with breast cancer," so no exclusion criterion was required.

<div align="center">Limitations of the Study</div>

This study is a systematic review of breast cancer patients, their psychosocial functioning and the role of the social worker in enhancing that functioning. Moreover, it also throws light on the Afrocentric Perspective and the theoretical basis of the research question. Some initial difficulties included that there was a significant amount of very old literature available on breast cancer and role of the social worker. When the filter of time limit was applied from 2005-2016, very few research studies emerged within the data bases used except Science Direct. Some older literature was included in the introduction and theoretical background sections. Moreover, significantly less literature was available in academic searches on the Afrocentric perspective and it was very difficult to compile that part of the literature. The studies available were too old to be relevant to modern sensibilities, or were not precisely addressing the keywords. Almost all the studies focused more on after effects of breast cancer and not how it impacts psychosocial functioning or how a social worker can play a role in enhancing this functioning.

The existing literature had other limitations, which included lack of experimental studies on the topic, lack of recent researches on the topic and the fact that very few researchers have actually implemented or seen the impact of psychosocial treatment upon breast cancer survivors. There is also a lack of qualitative research addressing the experiences of women with breast cancer and how the disease impacts patients' psychosocial functioning. The psychosocial treatment modalities have also been seldom

addressed and studied. Additionally, there remains a lack of cultural data on Afrocentric relevance available among breast cancer patients and their psychosocial functioning. Moreover, the role of the social worker is not well defined and it was difficult to understand this role and elaborate upon it.

These limitations impacted the current study and its conclusions. Recent trends were found with much difficulty. The lack of available data and of recent studies may impact the findings. The lack of qualitative and experimental studies impacted the findings as it was difficult to inform about hands-on knowledge and experience to the reader. Moreover, in most research, the sample size used was very small which might impact the ability to generalize the research. Moreover, no comparative cross-cultural studies were available which compared the African American to Caucasian population, which also made it difficult to compare the different populations and understand the cultural differences, which in this case, impact the role of social workers and also impact patients undergoing cancer treatments.

CHAPTER IV

PRESENTATION OF FINDINGS

This chapter will summarize the findings of the two main problems being addressed in the literature review and introduction. First of all the social worker plays a crucial role as psychological issues and fears attached to diagnosis and treatment of cancer are prohibitive and cannot be dealt with in isolation. A number of research studies have been conducted in order to evaluate the psychological issues cancer patients face, and the psychosocial interventions which are effective in dealing with identified psychological stressors and fears, keeping in view the social worker model. This chapter will present the main findings regarding the two main areas being emphasized: psychological issues and fears related to treatment; and efficacy of psychosocial treatments with breast cancer patients.

Findings on Psychological Issues

The most important finding regarding the psychological issues faced by breast cancer patients is that they face a lot of stress. This stress is significantly related to body image and impacts self-esteem and well-being of women. As studies conclude, the psychological impact of breast cancer is grave, leading towards negative self-image, sexual problems, loss of libido, interpersonal problems and more. The self-image is

disturbed, and functionality also is disturbed as a result. Moreover, poor psychological adjustment is seen among women obsessed or preoccupied with their body image have poor psychological adjustment and are often in more stress. Lastly, the psychological factors which cause discomfort are embarrassment in exposing the body, scars and deformities that result in social isolation, lack of sexual interest, and low self-esteem (Kissane, White, Cooper, and Litetta, 2004; Vahadaninia, Omidvari, Montazeri, 2010;Grill, 2003). Taking into consideration fear related to treatment pain may cause problems even when no sign of cancer has appeared. Cancer-related pain leads to fatigue and impairs functioning. Moreover, lack of support from the partner further impairs functioning. (Chuingham, 2000; Knopf, Major-Campos, Chagpar, Seigerman and McCorkle, 2014). Thus, a number of psychological issues are associated with breast cancer as this illness hampers the self-image of a woman and the long treatment procedures and relapses often end up causing numerous psychological problems.

Findings on Psychosocial Treatments

Psychosocial interventions have been proved to enhance the survival period of the individual (Spiegel, Bloom, Karamer and Gotheil, 1998; Saniah, Zainal, 2010). Both individual and group therapy is seen to work effectively with the patients. While the individual sessions help with understanding and modifying thoughts and behaviors of individuals, group sessions help in better sharing and also help the group members to learn coping strategies to deal with cancer related issues and gives emotional support to

woman (Mayar, Salovey, 1999; Kissane, White, Cooper, andand Litetta, 2004; Helgeson, Snyder, and Seltman, 2004).

A number of techniques could be used with patients having breast cancer and research findings indicate that among social workers effective modalities include supportive counseling, psychotherapy in collaboration with the psychologists as well as cognitive behavior therapy. Supportive counseling helps give social support and works in collaboration with different settings like home, school and the workplace, etc. Social workers can work in collaboration with patients to deal with emotional behavioral problems and help them gain insights into their problems and assist them with coping skills (Fingeret, 2011; Bruce, and Luken, 2002). Psychotherapy is another effective treatment technique widely used by social workers and involving techniques like modification of behaviors and thoughts, psychoanalysis, using the unconscious mind and dealing with negative feelings (Drowrick, et al, 2000; Champless and Ollendick, 2004). Lastly, another psychological and social technique widely recognized by the literature is cognitive therapy, which helps in modifying negative thoughts and helps build positive self-image and self-esteem, which ultimately help in the healing process and enhances coping skills of cancer patients (Chambless and Hollen, 1998). Overall, cognitive behavior therapy along with supportive work has been seen to be effective while working with breast cancer patients. Cognitive work has been seen to bring long-term changes as it works on negative thinking associated with management and treatment of breast cancer.

CHAPTER V

SUMMARY AND DISCUSSION

This chapter summarizes primary findings from the literature and also gives evidence to support these findings. A number of researchers have indicated that psychological stressors, psychological health, and fears regarding cancer constitute the main problems of cancer patients and hamper their lives. Social workers play a critical role in helping them overcome this by using psychosocial intervention plans which help cancer patients overcome psychological and social issues associated with cancer and its treatment. This chapter will also reflect on the implications and will give future direction as to how this study can be re-conducted with a new theme to be explored.

Discussion

Research indicates that breast cancer is the most common type of cancer, and its incidence is increasing day by day, among women. A 2012 report indicates that worldwide, approximately 1.68 million women were diagnosed with breast cancer in 2012 (Meadsc, Ahmad, Riley, 2012; Avis, Crawford and Manual, 2005). This shows that it is quite timely to address the issues of women battling breast cancer, including how psychosocial treatments help them get stronger to stand up to the illness and maintain their psychological health. A psychosocial treatment plan for breast cancer is quite

31

effective as it helps an individual manage negative feelings and significantly improve coping skills.. The crucial role of the social worker is undeniable and is affirmed through the systematic review of how social workers can play a key role in helping individuals with cancer. A number of researchers have backed up this evidence and indicated that training of a social worker on the appropriate ground is necessary. Moreover, it also indicates that it is important to understand the needs of each patient and psychosocial treatments often help with ability to cope so social workers can play a crucial role in enhancing the functioning of individuals with breast cancer (Malone, Daling, Thompson, O'Brien, Franciso and Ostrander, 1998; Meindl, Hellebrand, Wiek, 2010). This indicates that it is necessary to help cancer patients using psychosocial treatments by initially understanding the psychological issues and challenges cancer patients face.

Some of the common issues which generated through a systematic review of the literature were that patients with breast cancer often have psychological stresses and the illness can also make them socially isolated, lowering their self-esteem and hampering self-confidence. Concerns about the loss of feminine characteristics, poor self-image as a result of surgery, and the feeling of being incomplete makes patients feel more critical about themselves and can impair functionality. Kissane, White, Cooper, and Litetta, (2004) indicated similar findings, reporting that women with breast cancer often experience sexual dysfunction, poor self-image and loss of libido which impacts their well-being and functionality. Similarly, Vahadaninia, Omidvari, and Montazeri (2010) indicated that women who have a poorer self-image tend to be more easily prone to poor psychological adjustments. Moreover, research also supports that lack of support from

the partner also enhances the chances of getting more fearful of treatment and losing hope (Knobf, Major-Campos, Chagpar, Seigerman, and Mccorkle, 2014).This indicates that providing social and psychological support to the patient can enhance psychological functioning and improve patients' ability to cope with cancer.

Psychosocial treatment is effective if used in an appropriate way. Both individual and group therapy have been seen to be effective when used with cancer patients. The regular review indicates that both individual and group work, along with appropriate psychological interventions, are required to help individuals with cancer. A number of studies have emphasized the role of individual and group level psychosocial treatments with breast cancer patients (Saniah, Zainal, 2010; Mayar, Salovey, 1999 ; Kissane, White, Cooper, and Litetta, 2004). Moreover, supportive counseling plus psychotherapy including psychoanalysis and cognitive therapy, are also recommended (Fingeret, 2011; Drowrick, et al, 2000; Chambless and Hollen, 1998).

Implications for Social Work Practice, Policy, and Research

These findings have important implications for practice, policy, and research:

1. Social workers should work in collaboration with a psychologist and other health professionals and promote community awareness about breast cancer.

2. This practice will help built strong supportive networks for the breast cancer patients.

3. Counseling services are provided at every cancer-related hospital and center for the family and cancer patients to help them understand their apprehensions and timely address their issues.

4. Group and individual therapy sessions should be provided as compulsory to patients to enhance their psychological wellbeing and help them develop insight around their problem.

5. Policy makers can add cancer awareness in educational curricula for general populations to promote early awareness about this problem.

6. Practitioners should focus on the psychosocial model of treatment while dealing with cancer patients, using the natural model as the research indicates that psychosocial treatment has been proven an effective tool while working with cancer patients.

7. Practitioners should also focus effective treatment methods like psychotherapy and cognitive behavior therapy while enhancing the functioning of breast cancer patients.

8. As this research only focused on women and breast cancer, further research should be carried out taking into account different kinds of cancers and address the issues of male patient populations.

9. Gender differences should be explored in the research carried out in future.

10. This research's focus on psychosocial issues faced by cancer patients suggests that future research should also include how the community impacts patients and

what work can be done by social workers in society to enhance social supports for the cancer patients at the community level.

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